

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

x Specified Remedy

(Will use the criteria and  
notice requirements specified  
in the regulation.)

TN No. 95-12

Supersedes

TN No. 90-12

Approval Date: 10-23-95

Effective Date: 7/1/95